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STATE ACTION TO REPRESS PROSTITUTION

Full support of the State Department of Public Health is being given local communities in their fight on prostitution. Week by week reports from various parts of the State indicate that difficulties are increasing because additional houses of prostitution are being opened. Statistical studies show that the percentage of venereal infections acquired from prostitutes has greatly increased, in some instances doubled, in the last few months.

As a measure of prime importance in controlling the spread of venereal disease, local health officers and venereal disease control officers throughout the State are asking that houses of prostitution be closed. Procedures they would recommend in accomplishing this goal have been ascertained in recent weeks. They advocate that any evidence of prostitution occurring in their jurisdiction be reported promptly to the policing agency. They desire the cooperation of law enforcement agencies and anticipate success in their cooperative efforts through mutual understanding of and respect for each other's functions and rights.

One health officer stated that in his opinion,

"Reporting of any known place of prostitution or any known prostitute to law enforcement agencies is the best means of cooperating in the suppression of prostitution."

Attacking the problem from an angle which was extensively tested during the war, another health officer wrote, "A constructive step in attacking the problem of venereal disease control through the repression of prostitution would be the appointment of a venereal disease control board composed of health officers and members of the law enforcement group."

RECOMMENDATIONS OF GOVERNOR'S LAW ENFORCEMENT ADVISORY COMMITTEE

Members of the State Department of Public Health, thus advised in regard to local thinking on repressive

measures, met on June 18th with the Governor's Law Enforcement Advisory Committee to discuss mutual problems in the control of venereal disease. Chiefs of police, district attorneys, judges, and sheriffs representing law enforcement activities were present; and representing the State Health Department were the State Director of Public Health, the Chief of the Division of Preventive Medicine, and the Chief of the Bureau of Venereal Diseases.

To bring about more effective cooperation of health and law enforcement agencies in the control of the venereal diseases, the Governor's advisory group recommended that there be established in each community a venereal disease control committee composed of: the health officer, district attorney or city attorney, one or more judges, chief of police, and the sheriff.

The law enforcement group also recommended that the members of each committee meet once monthly to discuss venereal disease problems. The health officer should at that time present the increase or decrease in cases where prostitution is the source of infection and indicate the places such as bars, taverns, hotels, and rooming houses which have been named frequently as places where persons named as sources of infection were met or where exposure to infection took place. The health officer should also summarize evidence on houses of prostitution.

There should, of course, be no delay in the transmission of information when a particular problem arises. The State Department of Public Health agreed that local health departments will supply to local law enforcement agencies on a daily or weekly basis the names of all prostitutes and promiscuous women who are sources of venereal infection, the location of the pick-up, and the place of infection.

With this specific knowledge regarding prostitutes furnished by local health departments, enforcement

authorities will have information that can be used as a basis for their independent investigations and action in repressing prostitution.

FINES AND JAIL SENTENCES

The inadequacy of fines for persons found guilty of deriving profit from prostitution was discussed at the meeting of the Law Enforcement Advisory Committee. It was maintained that the use of fines to repress prostitution has been found ineffective inasmuch as fines are easily paid out of profits. Prostitution continues and likewise the spread of disease. Forcing prostitutes to leave town is also a short-sighted policy for they become a floater group that moves on to another town, where they continue to spread disease.

These two policies were therefor recommended at the conference:

That heavy jail sentences be given to all prostitutes and to all others, including property owners, who derive profit from prostitution.

That in no instance should a suspended sentence be given on condition the defendant leave the community.

OTHER MEASURES SUGGESTED

The agreements on state-wide policies reached so far do not incorporate all the recommendations that have been made by local health departments. They do not cover all the problems that require consideration. Considerable developing and testing of repressive measures will need to be done locally.

Some cities recommend that boards concerned with venereal disease control include, as consultant, a member of the Board of Equalization, inasmuch as many of the problems of prostitution are concerned with the operation of bars and taverns. According to one venereal disease control officer, 50 per cent of the problems dealing with specific locations have been solved by warning letters written by a member of the Board of Equalization to various recalcitrant hotel, bar, and tavern operators and to the owners of the property involved. In consultation with him, proper supervision of places such as taverns, beer parlors, and night clubs has been worked out.

Some communities employ policewomen trained in social service to take charge of girls who seem headed for trouble, especially those minors who have no business in taverns, on the streets, or in parks after dark.

Plans for repressing prostitution must consider aspects of the social welfare, mental health, and physical well-being of the women and girls involved so that it will be the institution that is attacked and not the human beings who happen to live within it.

Girls who can not be trusted to parental control or can not be placed in other wholesome environments are

institutionalized for rehabilitation under court guardianship.

More than one community has already set up provisions by which the mentally inadequate and young girls who have not already established patterns of promiscuity are separated from women arrested on charges of prostitution or for similar offenses. The mentally deficient are institutionalized. In a few places efforts are being made to rehabilitate young girls. In all places minors are, of course, referred to the juvenile court which has its own rehabilitation facilities.

Customarily provisions are made for the physical examination of all prostitutes and promiscuous girls when named as probable sources of infections or when apprehended on morals charges. In California such an examination is usually made by a physician employed by the health department although in some cities the city physician or a physician attached to the police department makes the examination. A negative examination merely indicates freedom from infection . . . it has no bearing on prostitution *per se*.

To wait for a final and complete program before starting measures for stamping out prostitution is both unnecessary and unadvisable. All law enforcement agencies in the State are being notified of the action taken by the Governor's Law Enforcement Advisory Committee, which as one of its functions will continue to devote one or two meetings a year to the consideration of venereal disease problems. Difficulties due to lack of cooperation between law enforcement agencies and health departments will be taken up, mutual problems will be discussed, and recommendations will be made for their solution. The Attorney General's office will be informed of difficulties encountered and action taken.

Recognizing that prostitution is the major source of venereal infection, the State Department of Public Health and State law enforcement agencies have agreed on specific measures toward its repression. But if the local agencies that will carry out the policies—law enforcement, courts, welfare, and health departments—are to become effective, popular support of a strong law enforcement program is vital and must be expressed frequently and forcefully. To this end, the people as a whole must be informed specifically as to why there is need for mobilizing against prostitution and promiscuity in their own community. State action for venereal disease control must be supplemented by local action—by informed people ready to take firm, sustained action against prostitution.

No subject is more intimately connected with the happiness and prosperity of a people than the degree of public health that they enjoy.—Lemuel Shattuck, *A Census of the City of Boston, 1845*.

NEW FEDERAL SECURITY AGENCY ADMINISTRATIVE PLAN

The new administrative plan of the Federal Security Agency, reorganized on July 16th by executive order of President Truman, comprises four main operating branches and six staff offices under Federal Security Administrator, Mr. Watson B. Miller.

The four operating branches are:

1. **Public Health**—consisting of the U. S. Public Health Service. The Division of Vital Statistics, transferred from the Department of Commerce, becomes part of the U.S.P.H.S. and Freedmen's and St. Elizabeth's hospitals are under the direction of the Surgeon General.

Dr. Thomas Parran continues as Surgeon General of the Public Health Service and Mr. Halbert Dunn continues as head of the Division of Vital Statistics.

2. **Social Security Administration**—including activities of the Children's Bureau transferred from the Department of Labor, old age and survivors insurance, employment security, and public assistance programs formerly administered by the Social Security Board, which has been abolished.

Mr. Arthur J. Altmeyer, who was chairman of the Social Security Board is Commissioner of Social Security Administration. Miss Katherine Lenroot continues in charge of the Children's Bureau.

3. **Education**—consisting of the Office of Education. Other educational functions of the agency relating to the American Printing House for the Blind, Columbia Institution for the Deaf and Howard University are now under the direction of the Commissioner of Education.

Mr. John Studebaker, Commissioner of Education, continues to head this office.

4. **Office of Special Services**—including the newly created Bureau of Employees' Compensation and the Employees' Compensation Appeals Board, which succeeds the U. S. Employee's Compensation Commission, the Food and Drug Administration, and the Offices of Vocational Rehabilitation, War Property Distribution and Community War Services.

Mrs. Jewell W. Swofford, formerly chairman of the U. S. Employees' Compensation Commission, is Commissioner for Special Services.

In addition to the four existing operating branches—staff offices of executive assistant, general counsel, research, and information—there have been added two new offices to provide for expanded functions. They are:

1. **The Office of Federal-State Relations** which will study and make recommendations for the coordination of grant-in-aid administration and the

establishment, insofar as practical, of uniform standards and procedures so that State agencies administering two or more grant programs may submit a single State plan and be subject to unified fiscal, personnel, and other policies.

Mr. George E. Bigge, formerly a member of the Social Security Board, heads this office.

2. **The Office of Inter-Agency and International Relations** which will be responsible for formulating, establishing and coordinating the agency's relationships with other Federal agencies, international agencies, representatives of foreign governments, and organized groups in the fields of health, education, welfare, and social security.

Mrs. Ellen S. Woodward, formerly a member of the Social Security Board, heads this office.

The Industrial Division of the U. S. Children's Bureau was not transferred to the Federal Security Agency but remains in the U. S. Department of Labor. In its new setting, the unit is known as the Child Labor and Youth Employment Branch of the Division of Labor Standards. Miss Beatrice McConnell remains in charge of the program as an assistant director of the division.

TRAFFIC SAFETY IN OAKLAND

With all three E's—Education, Enforcement, and Engineering—working together, Oakland is endeavoring to maintain first place among cities of from 250,000 to 300,000, which it won in the 1945 National Traffic Safety Contest.

Last year in spite of the unusually high proportion of transient traffic and heavy wartime activities, Oakland cut its traffic death toll from 91 in 1944 to 70 in 1945.

This year although the State and National trend in traffic accidents has been upward, the number of deaths in Oakland for the first six months was 36—the same as for that period last year. Education, law enforcement, and traffic engineering are united there in a strong safety program that has won the cooperation of the community as a whole.

CIVIL SERVICE EXAMINATIONS

The State Personnel Board announces civil service examinations for *supervising physical therapist* and *physical therapist*. The final date for filing application is August 22d; the examination date is September 12th.

An examination is announced for *Chief, Division of Environmental Sanitation*. The final date for filing application is September 5th; the examination date is September 26th.

PERIODICITY OF EPIDEMICS OF INFLUENZA A AND B

Because of wide publicity, not always accurate, given a paper on influenza by Dr. Monroe Eaton at the recent annual meeting of the American Medical Association, there is summarized here the known facts, obtained from Dr. Eaton, concerning the periodicity of the disease.

There are two known strains of influenza virus, A and B. All major outbreaks of influenza in recent years have been due to the A and B viruses, although there have been localized outbreaks of unknown etiology.

Epidemics of influenza A have occurred in the northern hemisphere during the fall and winter of the following years:

1932-33, 1936-37, 1940-41, 1943-44.

Epidemics of influenza B have occurred in the northern hemisphere during the fall and winter of the following years:

1935-36, 1939-40, 1945-46.

Since influenza A has, in the past, been epidemic at intervals of three and four years and, since the last epidemic was in the fall and winter of 1943-44, health officers should keep in mind the possibility of an outbreak this fall.

Scattered cases during the spring and summer months heralded the influenza A epidemic in 1943-44 and the influenza B epidemic in 1945-46.

Dr. Eaton is in charge of the Virus Laboratory of the Division of Laboratories, State Department of Public Health. For a number of years he has directed research in influenza on a grant to the State from the Rockefeller Foundation.

BUBONIC PLAGUE SURVEYS

In June bubonic plague was demonstrated in rodents and their ectoparasites in 16 different specimens in four different counties according to a report of the Section of Sanitary Inspections: Orange County—where plague has not previously been demonstrated, one pool; San Benito County, two old foci; San Luis Obispo County, one old focus and five new; Ventura, one old and one new.

Inspection of the rodent situation in 12 proven plague areas in Santa Barbara, Ventura, San Luis Obispo, Kern, Inyo, Mono, and San Mateo Counties indicated that the rodent infestation was light.

HEALTH OFFICER CHANGE

Mr. Ernest L. Willard replaces Theodore Snypp, M.D., as health officer of the city of Rocklin, Placer County.

RAT CONTROL IN MONTEREY COUNTY

Practical assistance in rat control is given residents of Monterey County through a program announced in the July issue of the monthly *Health Bulletin* of the County Health Department.

Several thousand red squill rat baits and hundreds of pounds of zinc phosphide treated grain have been acquired by the health department and are available without charge to any resident of the county. The poison is distributed at 14 business firms and public offices in 10 communities in Monterey County.

The public is being informed concerning the necessity to eliminate rat food sources and harborages, and to rat proof buildings, as well as being told of poisoning methods.

DECREASE IN EMIC PROGRAM

Statistics for the Emergency Maternity and Infant Care program for May and June show, for the first time, that the number of cases completed has exceeded the number authorized, indicating that the EMIC program is actually decreasing:

Cases during May and June, 1946		
	Maternity	Infant
Authorized	3,377	486
Completed	5,433	606

DEATH FROM MUSSEL POISONING

One person is dead and two were made sick from eating mussels taken from the San Mateo shore a month ago. As this issue goes to press, laboratory tests reveal that the toxicity of mussels is increasing and phosphorescent water, which indicates the presence of large amounts of gonyaulax, is appearing in several places along the coast.

In view of the high toxicity of mussels, the State Department of Public Health warns that the dark meat of clams should be trimmed off before cooking and that only the white meat should be eaten.

Despite State quarantine and wide publicity, 342 cases and 23 deaths from mussel poisoning were reported, 1927-45, from the following counties: Del Norte, Humboldt, Marin, Mendocino, Monterey, San Mateo, Santa Cruz, Sonoma, and Ventura. The most recent outbreaks occurred in 1943 with 20 cases and four deaths, and in 1944 with 12 cases and two deaths.

There are on record 20 cases and five deaths from clam poisoning.

The State Board of Public Health has placed a quarantine on the gathering of mussels from all California and ocean waters May 1st through October 31st. Local health officers are responsible for its enforcement. Beaches where mussels are found and the roads leading to them should be posted.

OPINION OF THE ATTORNEY GENERAL

INSPECTION OF COMMUNITY CANNING CENTERS

Since funds made available for enforcing the Cannery Inspection Act in the community canning centers were discontinued, the State Department of Public Health sought the opinion of the Attorney General as to its responsibility for continuing the inspection service of such canning centers.

The Attorney General says, as of July 5, 1946:

"The provisions of the Cannery Inspection Act relate solely to commercial canning of food products and noncommercial canning of salmon. * * *

"In our opinion NS2291 we held that the phrase 'commercial canning' was intended to include all canning of food products for other than consumption in the home of the canner.

"Community canning centers formerly operating under the canning center program intending to continue in that work and coming within the classification of 'commercial canning' are subject to and are required to comply with the provisions of the act.

"The act specifically provides the manner in which the cost of inspection shall be charged to those licensed under the act. (Deering's General Laws, p. 644, Act 1248, Secs. 4 to 8.) The act vests in the State Department of Health the authority to issue licenses and the duty of inspecting licensed canneries.

"It is, therefore, my opinion that the State Department of Health is required to continue the inspection of canning centers whose operations come within the classification of 'commercial canning' in accordance with the provisions of the Cannery Inspection Act."

OPENINGS FOR HEALTH OFFICERS

A full-time health department which will serve all the cities under contract has been provided for in the budget recently adopted by Humboldt County, effective October 1, 1946.

Humboldt County and also Tulare County are looking for full-time health officers trained in public health. Inquiries about these positions should be addressed to: Chairman, County Board of Supervisors.

FEDERAL HEALTH LEGISLATION

Congress approved and sent to the President for signature the bill setting up a \$7,500,000 Mental Health Research Institute at Bethesda, Md.

The President signed an appropriation bill which in addition to financing other government operations gives the Veterans Administration \$441,250,000 in a new contract authority to complete 76 new hospitals. The agency already had contract authority of \$331,452,814 for the hospital program, which the new program now raises to more than three quarters of a billion.

POLIOMYELITIS CASES INCREASE

Incidence of poliomyelitis in California rose sharply in July as indicated in the following table:

Week ending	Five-year median		
	1946	1941-1945	1943
June 8	14	8	27
June 15	13	5	56
June 22	19	7	61
June 29	24	10	74
July 6	17	6	104
July 13	25	12	102
July 20	40	11	119
July 27	54*	14	148

* Incomplete.

Although considerably above the five-year median, the number of cases continues below that of the corresponding period in 1943, most recent epidemic year. The heaviest incidence this year has been in Los Angeles County.

CORRECTION

Due to a typographical error, the heading on an article on page 16, *California's Health*, July 31, 1946, stated "X-Ray and Blood Test for Domesticity Ordered by Los Angeles City Health Department." The heading should have read "offered" instead of "ordered."

STATES USE VARIED METHODS FOR ALLOCATION OF SCHOOL FUNDS

Distribution of State funds to local school districts for the support of educational programs varies widely among the States, both as to the amount of State support and methods of distribution.

The most common methods of distribution are by allocation of a fixed amount:

1. For each child residing in the district as determined by the school census;
2. On the basis of the number of children in average daily attendance; and
3. On the basis of the number of classroom units or teachers employed.

In addition, most States have equalization funds, which are distributed on the basis of need, and poor districts receive a larger proportion of such funds than do wealthy districts.

In those States where State funds are allocated on the basis of the school census or the number of teachers or classroom units, school districts are not penalized when children are absent. This enables schools to plan their budgets more accurately and eliminates the practice of encouraging children to attend school when they are ill in order for the district to secure the maximum amount of State funds.

Data in the accompanying table on the methods of allocating funds in 27 States were obtained from the National Education Association. Not all methods used by the States are included in the tabulation, but listed are the methods by which the major share of States' funds are distributed. No report on California was received from the N. E. A.; consequently this State is not included in the table.

California is one of the States where average daily attendance is used as the basis for determining distribution of a sizeable proportion of State funds. Many persons believe it would be desirable to explore the possibility of using other methods. It is thought that children more frequently will be instructed and encouraged to remain at home when they are ill if local school support is not reduced because of their absence.

METHODS OF ALLOCATING STATE SCHOOL FUNDS¹

State	Average daily attendance	Per child on basis of census	Per teacher or instruction unit	Equalization funds
1. Alabama		X		X
2. Arkansas		X	X	X
3. Colorado		X	X	X
4. Florida	X		X	
5. Georgia	X			X
6. Idaho			X	X
7. Illinois	X			X
8. Iowa		X		
9. Indiana	X			X
10. Kentucky		X		X
11. Louisiana		X		X
12. Maine			X	X
13. Maryland	X ²	X	X	X
14. Massachusetts			X	X
15. Michigan		X		X
16. Minnesota	X			X
17. Mississippi		X		X
18. Montana	X	X	X	X
19. North Dakota		X	X	X
20. New Hampshire				X
21. Ohio	X			X
22. Oklahoma	X			X
23. Oregon		X	X	
24. Virginia	X		X	
25. Washington	X		X	X
26. Wisconsin	X	X		X
27. Wyoming		X		X
Total	12	15	12	23

¹ Compiled from reports received from National Education Association.

² Aggregate attendance.

REPORT OF EFFECT OF WORLD WAR UPON POPULATION CHANGES

The profound effect of World War II on the population is told in the *Statistical Bulletin* of the Metropolitan Life Insurance Company, June 1946.

The total number of deaths in action in World War II was not very different from that of World War I, while there was a material decrease in deaths from disease in all armies. Changes in the population of Nations during the war years was determined largely by what happened to civilians.

Because in the United States there was a high birth rate and a general decline in the death rate, the aggregate increase in the population during the years 1941-45 was about 7,500,000 or 50 per cent greater than the increase in the five years immediately preceding 1941.

For similar reasons, England added about 700,000 to her population during the years 1939-45 despite military losses and the deaths of 60,000 civilians in air raids.

In Germany, the population had gained nearly 3,000,000 in the prewar years 1932-38 and it is estimated that the population loss during the war years 1939-45 is of about the same amount. The substantial excess of births over deaths in that country did not prevail after 1942. By 1944, the German birth rate had dropped to about 14 per 1,000 population from a prewar level of 20.4, while the birthrate in England had risen to 17.5 from a prewar rate of 14.9.

In France there was a population deficit during the war years of about 750,000 which is not greatly different from that of the prewar period, since deaths had exceeded births in that country for some time. The deficit in World War II was much less than in World War I when there was a loss in population of about 3,000,000.

Data are fragmentary for other occupied countries such as Russia, Poland, Yugoslavia and Greece and, as the *Statistical Bulletin* points out, so much unrecorded destruction of life took place that accurate facts probably will never be known.

"In the areas under the iron heel of Nazi occupation, the major factor was the war which Germany waged against civilians, in accordance with her plan to weaken her neighbors for generations to come. To this end she used mass murder; starvation; the wholesale recruitment of slave labor, with the consequent separation of millions of couples; and many other barbaric measures for which her leaders now stand at the international bar of justice."

MILTON P. DUFFY APPOINTED TO FOOD STANDARDS COMMITTEE

Milton P. Duffy, chief of the Bureau of Food and Drug Inspections, has been appointed to the Food Standards Committee of the Federal Security Agency. This committee promulgates standards adopted by the U. S. Food and Drug Administration in the enforcement of the Federal Food, Drug, and Cosmetic Act.

Mr. Duffy has been employed in the State Department of Public Health for 32 years, with exception of two years spent in the United States Navy during World War I.

On the Food Standards Committee, Mr. Duffy represents the Association of Food and Drug Officials of the United States of which he was President in 1939 and is now a member of the executive committee.

OVERCOMING HEALTH HAZARDS IN POTTERY PLANTS

The Bureau of Adult Health has recently made a survey of about 70 pottery plants in Southern California to determine measures for the control of the main hazards: silica dust and lead dust and fumes. As a result of these studies, recommendations for proper controls are being made to individual plants and will be prepared for the pottery industry as a whole.

For the control of silica dust in the molding bench operations, it is suggested that the benches be enclosed and equipped with a blower which causes the air to circulate around the molds from the top down. In this way, the molds will get sufficient air for the drying process, but the dust will be drawn from the operator's breathing zone down through the bench top.

To eliminate the silica dust hazard during the mixing of clay, the use of exhaust ventilation on mixing barrels is recommended.

To control lead fumes arising from the kilns when the glazed figurines are being brought up to temperature, all kilns should be equipped with stacks or hoods adequate for removing the exhaust from the plant.

At two or three points during the glazing operation lead fumes arise. One hazard can be overcome by wiping with a damp towel instead of by using a brush to free the bottom of the figurine from glaze. To prevent glaze material from accumulating on the benches and on the floor, where it dries and pulverizes, recommendation is made that each glaze dipping department be equipped with a large sink with plenty of running water so that the trays and benches may be washed free from glaze at frequent intervals during the day.

From this survey it appears that the pottery industry has grown up from small individual operations which may at one time have been carried on in a garage or office building and that it therefore has not had the benefit of engineering planning which considers flow of materials and arrangement and comfort of work-rooms. Since many of these industries have now outgrown their present quarters, it is hoped that their proposed plans for new building sites and new buildings will give more consideration to the proper type of plant layout and include the engineering controls needed for minimizing the amount of dust and fumes in the work-room atmosphere.

SCHOOL HEALTH EDUCATION CONSULTANT TRANSFERS TO DEPT. OF EDUCATION

Miss Bernice Moss, Ed.D., who came to the State Department of Public Health in November, 1944, as consultant in school health in the Bureau of Health Education has transferred to the State Department of Education as consultant in health education.

HOSPITAL LICENSING AND INSPECTION

Since January 1, 1946, when the hospital licensing program started and through July 31, 678 hospitals have been licensed by the Bureau of Hospital Inspections. From April 9, 1946 when inspections were started through June 30, 341 hospitals have been inspected. At present there are four inspectors on the staff.

The regulations dealing with hospital licensing and inspection have gone into effect most opportunely when they can be used in the supervision of the building of hospitals that will serve the people of this State for the next 75 years. Right now there is not a section of the State that hasn't hospital building plans in some stage of development. Communities are studying their hospital needs—where to build and how many beds to furnish. Despite the fact that the State Health Department is without authority to regulate such factors, communities have been encouraged to delay final consideration until the survey being conducted by the Bureau of Hospital Surveys has been completed. The survey report will give a total picture of hospital facilities and needs in the State, including relationships which exist and can be developed between hospitals in the various communities.

REPORT BY FOOD AND DRUG INSPECTIONS

Five persons violating the Pure Food and Drug Act were convicted during June: one person for selling unlabeled wheat allegedly charged with "cosmic rays;" two meat market operators who adulterated hamburger with prohibited chemicals; one person peddling unlabeled, adulterated olive oil; and one person for the illegal sale of habit-forming drugs.

Although frozen food processing methods are improving, one manufacturer's seasonal output of a strawberry product had to be quarantined when laboratory analyses indicated it had been made from unfit material.

NEW PAMPHLETS

Crippler in Disguise, the story of undulant fever in America, is the title of a 16-page pamphlet published by the National Society for Crippled Children and Adults, Inc. It may be obtained by writing to the Bureau of Health Education, State Department of Public Health, 760 Market Street, San Francisco, 2.

Also available are three publications of the National Foundation for Infantile Paralysis, Inc., namely: *Doctor, What Can I Do?, If Polio Strikes*, and *Boletín, Parálisis Infantil, Indicaciones Útiles para Todos*, Expediente No. 51 (Bulletin, Infantile Paralysis, Useful Information for All, Serial No. 51).

DEMEROL A HABIT-FORMING DRUG

The pain relieving drug, Demerol—a substitute for morphine, is a habit forming drug, according to H. J. Anslinger, Commissioner of Narcotics, Washington, D. C., and because of evidence given before Congress, was placed under Federal narcotic control. The commissioner expressed his belief that statements in a recent popular article to the effect that the drug is free from addiction properties are reckless and dangerous. An article prepared on a scientific basis, he pointed out, would have sounded a strong warning about the danger of addiction.

Demerol, also known as Dolantin, was discovered in Germany, where it was placed under strict control.

CAMPHORATED OIL MISLABELED

Carelessness caused a castor oil label to be affixed to a bottle of camphorated oil and resulted in the serious illness in July of a woman in Contra Costa County who took a half an ounce containing 20 per cent camphor under the impression she was taking castor oil.

At the request of the sheriff's office, the Bureau of Food and Drug Inspections examined the stock of the wholesaler. Although no other mislabeled bottles were found, the firm was required to notify 400 retail dealers to remove from the shelves any castor oil or camphorated oil of the brand in question and hold them for checking.

Due to the fact that the printer had packed labels of camphor oil and castor oil in the same carton, there is a possibility that more bottles may have been mislabeled.

MORE HOSPITALS JOIN RAPID TREATMENT PROGRAM FOR SYPHILIS

Shasta and Humboldt County Hospitals have agreed to participate in the rapid treatment program for syphilis, bringing the total number of county hospitals under this plan to 22.

The number of patients being treated in county hospitals by rapid therapy methods increased from 22 in January to 104 in May. During the first six months of 1946 a total of 445 persons completed the treatment.

It is hoped that more of the county hospitals will join the plan and that more patients will seek the treatment offered in this way.

The department is assured by the U. S. Public Health Service that the project written by the State Health Department to treat 300 such cases per month will be approved and the money will be available for this project.

MORBIDITY REPORTS—SELECTED DISEASES—CIVILIAN CASES

Total Cases for June and Total Cases for January Through June, 1946, 1945, 1944 and 5 Year Median (1941-1945)

Selected diseases	Current month				Cumulative			
	June				January through June			
	1946	1945	1944	5-yr. median 1941-1945	1946	1945	1944	5-yr. median 1941-1945
Chickenpox.....	1,789	3,755	3,083	3,755	19,377	37,177	27,163	32,594
Coccidioides granuloma.....		0	5		18	24	18	
Conjunctivitis—acute infections of the newborn (Ophthalmia neonatorum).....	3	2	2		28	11	21	
Diphtheria.....	86	64	90	64	648	597	650	597
Dysentery, bacillary.....	13	18	40		91	148	189	
Encephalitis, infectious.....	7	6	5		25	29	33	
Epilepsy.....	93	135	157		789	824	770	
Food poisoning.....	63	178	34		262	256	393	
German measles.....	776	1,122	1,295		11,253	9,747	13,321	
Influenza, epidemic.....	30	50	71	167	5,141	495	10,789	2,802
Jaundice, infectious.....	19	35	10		108	155	178	
Malaria.....	39	8	20	12	419	57	63	61
Measles.....	5,318	4,451	9,745	4,451	59,258	27,604	61,567	27,604
Meningitis, meningococci.....	34	32	60	32	348	437	664	437
Mumps.....	1,928	3,269	3,243	3,269	15,594	28,970	23,873	23,873
Pneumonia, infectious.....	91	258	229	258	1,417	2,223	2,703	2,223
Poliomyelitis, acute anterior.....	69	34	32	32	222	86	140	86
Rabies, animal.....	50	65	62	62	254	396	527	361
Rheumatic fever.....	64	54	55		381	410	289	
Scarlet fever.....	498	1,063	769	657	4,980	9,444	6,596	3,980
Smallpox.....	1			0	8	3	20	
Tuberculosis: Pulmonary.....	625	644	670	644	4,055	4,249	4,142	3,999
Other forms.....	54	47	47	37	254	301	232	217
Typhoid fever.....	10	7	24	12	65	39	161	70
Typhus fever.....	8	2	1		25	16	6	
Undulant fever.....	29	19	46	19	162	135	147	135
Whooping cough.....	263	1,631	408	1,631	2,510	9,589	2,473	9,589
Veneral diseases: Chancroid.....	38	30	10		254	130	164	
Gonococcus infection.....	2,329	2,140	1,611	1,187	15,407	13,133	9,092	8,237
Granuloma inguinale.....	2	5	6		17	26	15	
Lymphogranuloma venereum.....	20	26	11		103	127	112	
Syphilis.....	1,668	2,440	2,215	2,215	11,870	14,303	14,070	14,070

Neurosis may be as contagious as smallpox. If the exposed person is in good health, the chances are good that his body may not be seriously affected by disease. But if the body is weakened by any of a number of factors, he may become seriously ill. Similarly, it is possible that overexposure to neurosis may precipitate the ailment in persons who are predisposed to it constitutionally, or through childhood conflicts but who might not otherwise contract it.—*Dr. Karl Bowman, quoted in University of California Clip Sheet.*

AMERICAN HEARING SOCIETY

To stress hearing conservation and indicate a wider membership, the members of the American Society for the Hard of Hearing have changed the name of their organization to the American Hearing Organization.

